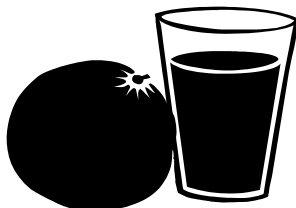




Summer Food Service Program

Claim for Reimbursement Instructions
May 2004



Summer Food Service Program Claim for Reimbursement Instructions

Child Nutrition Fiscal Services
Fiscal and Administrative Services Division
California Department of Education
May 2004

This publication was produced by the Child Nutrition Fiscal Services (CNFS) Unit of the Fiscal and Administrative Services Division (FASD), California Department of Education (mailing address: 1430 N Street, Suite 2213, Sacramento, CA 95814). Comments regarding the content of this publication should be directed to Phyllis Savage, Manager, CNFS, Fiscal And Administrative Services Division at (916) 322-8326. For clarification on instructions, call (916) 327-4997.

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Introduction

The Summer Food Service Program (SFSP) was developed to feed children who are normally eligible for free and reduced-price meals during the regular school year. While children are attending school, they are being fed nutritious meals through the National School Lunch program. However, they are left to fend for themselves during the traditional summer months. The United States Department of Agriculture (USDA) created SFSP to ensure that children in lower-income areas could continue to receive nutritious meals during the summer months when they are out of school.

Once approved to participate in the SFSP, each sponsor must submit a monthly claim for reimbursement to receive payment for meals served. On the monthly claim, sponsors report the number of meals served to eligible children and the program costs incurred during the claim period, and the claim is then signed by the agency/district's authorized official. Instructions and sample worksheets are provided in this publication to assist the claim preparer in completing the claim form. If the claim preparer has any questions related to claim completion or payments, please contact the Child Nutrition Fiscal Services Unit, (916) 327-4997.

For specific details related to allowable operating and administrative costs, program income, and meals, please refer to the Summer Food Service Program for Children Administrative Guidance Manual for Sponsors or contact the field consultant for your sponsoring agency.

Terminology and Definitions

actual data. The reportable data for which the sponsor has supporting documentation at the time of claim submission. All data reported on the Claim for Reimbursement must be actual data.

adjusted claim. Any claim that the sponsor submits with changes of data subsequent to the submission of the sponsor's original claim. Claims submitted subsequent to the submission of the original claim that are required by the state as a result of an audit or administrative review are excluded from this category (see "audited claim").

administrative review. The administrative review assess a Summer Food Service Program (SFSP) sponsor's compliance with all governing federal and state regulations by observing program operations and examining program records.

audited claim. Corrections or changes made to a previously submitted claim as required by the state as a result of the findings of an audit.

CAP (Corrective Action Plan). The form used to request a one-time only exception that must include a detailed explanation of the problem contributing to the lateness of a Claim for Reimbursement and the actions being taken to avoid future late claim submissions (see Appendix A-3).

cash advance. Payments made in advance of the claim reimbursements to improve cash flow.

claim for reimbursement. A child nutrition request for reimbursement submitted by a participating agency (sponsor) to the state for payment (see appendix A-1 for a claim sample).

claim month. The month for which data reported on the claim were collected.

claim submission deadline. The final date that a claim may be accepted for consideration of payment; that is, the twentieth (20th) day of the second month after the claim month. The final date must be officially postmarked by the United States Postal Service (see Appendix A-2 Claim Submission Deadlines).

CNFS (Child Nutrition Fiscal Services). The Child Nutrition Fiscal Services Unit in the California Department of Education (CDE) is responsible for processing the child nutrition claims for reimbursement.

corrected claim. A claim resubmitted by the sponsor after it was returned by the state for corrections. A corrected claim can also be the claim produced by a sponsor when the state advises the sponsor by telephone that a claim must be corrected before it can be processed. All changes to claims must be made by the claim preparer and certified by an original signature of the authorized official for the sponsor. Corrected claims are annotated by the preparer as such on the top or center of the claim in bold print.

FASD (Fiscal and Administrative Services Division). A division of the California Department of Education that provides accounting, budgeting, contracting, fiscal, and support services to the Department staff.

NSD (Nutrition Services Division). The division of the CDE that administers the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS) Child Nutrition Programs and the Food Distribution Program in California.

non-area eligible. A site that does not meet the area eligible criteria.

original claim. The first claim submitted by a sponsor to the state for a particular month.

postmark. The postmark must be an official United States Postal Service postmark. The postmark will determine whether a claim has been submitted by the claim submission deadline.

Site Change Request. A request submitted to NSD to change program participation or to add or drop sites. A representative for a sponsor may contact NSD to obtain a Site Change Request form.

sponsor. An agency or district that is approved for and participating in child nutrition programs.

state agency. The state educational agency designated by the Governor or other appropriate executive or legislative authority of the state and approved by the USDA to administer nutrition programs in the state. The CDE is the state agency that administers nutrition programs for California.

USDA (United States Department of Agriculture). A government agency that works with the CDE to increase food security and reduce hunger by providing children and low-income people with access to food, a healthful diet, and nutrition education.

Claim Submission Deadline Policy

To be entitled to reimbursement, a claim preparer for each sponsor must submit a monthly claim for reimbursement and one photocopy that provides data in sufficient detail to justify the reimbursement claimed. These data must include, at a minimum, the number of free meals, reduced-price meals, and paid meals served; and an authorized agent or district official of the sponsor must sign the claim. All claims submitted must include an agreement number *and* an original signature to be considered a valid claim. Faxed claims will not be accepted.

All claims (original and adjusted) must be postmarked by the United States Postal Service by the twentieth (20th) day of the second month following the month claimed to be considered for payment (see Appendix A-2 Claim Submission Deadlines). For example, a July claim must be postmarked by September 20. If the twentieth day falls on a holiday or weekend, the deadline will be the next working day. Claims submitted after the deadline cannot be processed, except as described on page 8, "Late Claims". Mail claims to:

California Department of Education
Child Nutrition Fiscal Services
1430 N Street, Suite 2213
Sacramento, CA 95814

Corrected claims must be returned to Child Nutrition Fiscal Services (CNFS) no later than the tenth (10th) day of the third month following the month claimed to be considered for payment. For example, a July claim correction must be received by October 10. The submission deadline for audited claims is established by the state on a case-by-case basis.

Note: Sponsors should not use certified mail for the submission of claims to CNFS because using certified mail could delay the processing of the sponsor's claim. To receive verification of the receipt of a claim, the claim preparer must enclose a self-addressed, stamped postcard noting the agency name, agreement number, claim month, and whether the claim is original or adjusted. If this postcard is enclosed with the sponsor's claim and submitted to CNFS by regular U.S. mail, the postcard will be signed, dated, and returned to the sponsor. If certified mail is used, the envelope containing the claim must be addressed to the street address below. *The Department cannot be held responsible for certified mail that is misdirected by the United States Postal Service.*

Sponsor representatives are not encouraged to personally deliver claims. However, if claims are delivered personally, they must be delivered to:

California Department of Education
Child Nutrition Fiscal Services
1430 N Street, Suite 2213
Sacramento, CA 95814

Personally delivered claims must be date stamped at the mail desk to be valid.

As a courtesy, approximately 50 days after the end of a claim month, CNFS sends a Notice of Delinquent Claim to each sponsor from which CNFS has not received a claim.

Late Claims

There are two types of adjusted claims that can be submitted after the claim submission deadline:

1. Claims containing changes to meal data that result in no increase in reimbursement.
2. Downward adjusted claims. An adjusted claim must be submitted to correct an error that resulted in the sponsor/s being overpaid.

Adjusted claims that are received after the claim submission deadline and result in an increase in reimbursement cannot be processed. Upward adjusted claims received after the deadline for submission will automatically be rejected for payment and will be returned to the sponsor unless the reasons for a late submission meet one or more of the criteria described below.

A late claim may be considered for payment in the following three instances:

1. **Administrative review.** Adjusted claims submitted to correct errors discovered on an earlier claim by an independent audit or a review. The sponsor's authorized agent or representative must explain the circumstances surrounding the discovery of the errors and must transmit a copy of the audit or review report with the adjusted claim. *Note:* Unless the error is noted in an independent audit or review report, additional payment cannot be approved.
2. **One-time exception.** The state agency may grant a one-time exception when a sponsor has *not* been granted an exception during the previous 36 months. To receive a one-time exception, a sponsor must submit an acceptable Corrective Action Plan (CAP) to the state agency (see Appendix A-3 for a sample). A CAP must include the following items:
 - A detailed explanation of the problems contributing to the lateness
 - Information about actions being taken to avoid future late claim submissions
 - A statement to the effect that the sponsor understands that if this exception request is granted, the one-time exception will be made by NSD on the basis of the acceptability of the CAP
 - The signatures of the claim preparer and a sponsor's authorized district or agency official who must be an employee of the district or agency
3. **Late claims approvable only by the USDA.** A late claim may be approved for payment by the USDA if it meets one of the four exception criteria listed below:
 - a. Major breakdowns in mechanical processing accompanied by an inability to manually process the data; for example, a major data processing failure

- b. Natural catastrophes coupled with the sponsor's inability to manually process the data; for example, floods or earthquakes that destroy records, equipment, or facilities
- c. Unusual postal delays that are verified by a postal receipt or other specific verification from the postal service
- d. Death or severe illness of key staff members in situations where *it is not possible* to assume the sponsor could have used backup staff members

The request for a USDA exception must include the claim and a letter that demonstrates that the reason for missing the claim submission deadline was *clearly beyond the claim preparer's control*. The letter must explain in detail the extenuating circumstances that made it impossible to meet the deadline and that the deadline was not missed because of negligence, oversight, or workload backlog. Requests for a USDA exception must be submitted by CNFS. Requests deemed to meet the USDA's criteria will be forwarded by CNFS for approval. Please submit requests to:

California Department of Education
Child Nutrition Fiscal Services
1430 N Street, Suite 2213
Sacramento, CA 95814

Address Changes and Labels

Each sponsor is provided with enough labels to submit claim for reimbursement forms for one year and a new supply is provided each year. The labels should be checked for accuracy when they are received. If corrections are needed, a sponsor representative must attach a label to district or agency letterhead, type or print the correct information, and submit the corrections to:

California Department of Education
Nutrition Services Division
Resources and Information Management Unit
1430 N Street, Suite 1500
Sacramento, CA 95814

If a sponsor's address changes, a sponsor representative must contact the IRS at (877) 829-5500, or by fax (513) 263-3756. The IRS will update the information by telephone and fax the sponsor a revised IRS Determination Letter the same day.

Sponsor representatives may contact the IRS by way of mail; the address is:

Internal Revenue Service
TEGE Division, Suite 400
P.O. Box 2508
Cincinnati, OH 45201

Once the sponsor has the IRS Determination Letter, a representative may fax it to the Resources and Information Management Unit (RIM) of the Nutrition Services Division at (916)445-4842, or mail it to the above California Department of Education address.

Cash Advances

State agencies have the option of offering advance payments to SFSP sponsors. A cash advance is a payment made in advance of claim reimbursement to improve cash flow.

Please note that advance funds are *not* start-up funds. Specifically, a cash advance is financial assistance made available to a sponsor for program costs before the month in which such costs will be incurred.

A sponsor may request a cash advance during initial application to participate in the SFSP or during the renewal process. If a sponsor serves meals for more than 10 days in June, the sponsor may apply for a June cash advance. If the sponsoring agency serves meals less than 10 days in June, it *must* request a July cash advance with the June days of service calculated into the initial advance payment.

Advances from the SFSP are recouped from the operational and administrative portions of the claim reimbursement until the initial advance amount is fully recouped from the sponsor. If the sponsor has submitted its last claim for reimbursement for the summer program and the advance is not fully recouped the sponsor will be billed for the remainder of the balance owed to CDE.

Very important note: If a July advance is requested, the sponsor needs to be aware that the month of July begins the new state fiscal year (July through June), and, since new state budgets are negotiated in July, advances for this month may not be processed until the state budget is signed by the Governor. The Department's CNFS has no control over the date the new fiscal year budget is signed, so there is no guarantee as to when the sponsor will receive the July advanced funds. June cash advances are not affected by the new state fiscal year.

For more specific details about cash advance calculations and regulations, please contact:

California Department of Education
Nutrition Services Division
Resources and Information Management Unit
560 J Street, Suite 270
Sacramento, CA 95814-2342
(800) 333-5675

Reimbursement Instructions

This section was prepared for and is directed to sponsors' claim preparers to help them complete SFSP claims for reimbursement.

The amount of reimbursement will be computed by the California Department of Education on the basis of USDA-approved rates. The following section provides an item-by-item description of claim data that all SFSP claim preparers are required to report:

- Item 1. **Agreement Number, Vendor Number, Name, and Address:**
Place a pre-printed label in the space provided. If no labels are available, print or type the sponsor's agreement number, vendor number, name, and address in the space provided.
- Item 2. **Adjusted Claims:** Check this box if revising the sponsor's previously reported data. Please complete the form in its entirety; report all previously reported data inclusive of changes.
- Item 3. **Month Covered:** Enter the number of the month and year this claim covers.
Example: October 2003 = 10/2003 January 2004 = 01/2004
- Items 4 & 5. **For state use only.**
- Item 6. **Period Covered:** This information should cover activities during one calendar month; however, the sponsor may include no more than 10 operating days of the month before the *first* full month of operation *and* no more than 10 operating days of the month after the *last* full month of operation. **Do not report data that span across three calendar months.** For example, 7 days in June and 25 days in July will be reported as a July claim; 25 days in May and 8 days in June will be reported as a May claim. Please enter the four-digit year. For example, From: 06/23/2004; to: 07/31/2004. **Do not split one month onto two separate claim forms.**
- Item 7. **Approved Sites:** Enter the number of *approved sites* operating during the claim period.
- Item 7a. **CCNSP Sponsors Only:** Enter the number of *approved CCNSP pilot sites* operating during the claim period.
- Item 8. **Number of Days:** Enter the number of days during the claim period on which meal service was provided.

- Item 9. **Average Daily Number of Eligible Children:** Use the *highest* total number of eligible *first main* meals served (breakfast, lunch, or supper) during the claiming period, and divide by the number in item 8 (days) on the claim form. Remember to always round the total up to the next whole number. *For example, 426 meals (for lunch) divided by 20 days (item 8) = 21.30, which rounds to 22.*
- Items 10-13. **Food Service to Children:** Enter the first, second, and total meals served to eligible children by meal type. Second meals served may not exceed 2 percent of the first meals served. Follow standard mathematical procedures for rounding second meals. *For example, 356 first meals (for lunch) x 2 percent equals 7.12 second meals, which rounds to 7.*
- Item 13a. **CCNSP SPONSORS ONLY.** Enter the First and Second pilot snack meals on the lines provided. Follow standard mathematical procedures for rounding second meals. *For example, 356 first meals (for lunch) x 2 percent = 7.12 second meals, which rounds to 7.*
- Item 14. **Funds Accrued During the Month:**
- A. Operational program income (adult payments):** Enter the total amount of gross income accrued or received for adult payments for meals in the Summer Food Service Program.
- B. Operational income (donations & grants):** Enter the total gross amount of funds accrued for food service (designated for operational costs) from individual donations, state and local contributions, and reimbursement from other federal programs. *(Do not include "start-up funds," "advance payments," and "monthly reimbursement payments" from this USDA-funded program, or loans to the program.) Do not report cents.*
- C. Administrative Income (Donations and Grants):** Enter the total gross amount of funds accrued for food service (designated for Administrative Costs) from individual donations, State and local contributions, and reimbursement from other Federal programs. *(Do not include "start-up funds," "advance payments," and "monthly reimbursement payments" from this USDA funded program, or loans to the program.) Do not report cents.*
- D. Unspecified Income (Income not specifically designated as Operational or Administrative) :** Enter the total gross amount of funds accrued for food service (not designated for administrative costs, operational costs or adult payments) from individual donations, state and local contributions, and reimbursement from other federal programs. *(Do not include "start-up funds," "advance payments," and "monthly reimbursement payments" from this*

USDA-funded program or loans to the program.) *Do not report cents.*

Note: Do not report cents on items 15 through 20.

- Item 15. **Food Costs:** Enter all gross *food* costs, including costs for milk. Such costs shall include in addition to the purchase price the cost of processing, distributing, transporting, storing, or handling any purchased or donated food, including USDA-donated commodities. *(Do not include the value of donated foods).*
- Item 16. **Food Labor:** Enter gross *labor costs*, which include all wages earned in connection with food preparation, delivery, and service. Include costs incurred during the month that cover payroll deduction for social security, withholding tax, insurance, retirement, and so on, as well as the employer's contribution during the month for employee benefits.
- Item 17. **Other:** Enter gross program costs *other* than for food, labor, and administration. These costs include service cost, such as rental fees for food service facilities, rental or use allowance of food service equipment, repairs to equipment eligible for use allowance, utilities, and cost of supplies used (e.g., cleaning materials, paper plates, plastic eating utensils, and straws). *(Do not include the costs reported in items 15 and 16.)*
- Item 18. **Subtotal:** Enter the sum of lines 15, 16, and 17. *Do not report cents.*
- Item 19. **Administrative Costs and Labor:** Enter gross administrative costs related to planning, organizing, and managing the program, and the rental cost of office space and equipment. *(Do not include interest costs and costs for the purchase of land, buildings, and equipment.)*
- Item 20. **Total Program Costs:** Enter the sum of lines 18 and 19. *Do not report cents.*

Do not fill in the boxes below the signatures. This area is for state use only.

Review your entries. When you are satisfied that they are true and correct to the best of your knowledge, sign and date the claim. **The claim will be returned for correction if it is not properly completed. Place an original signature on both the original and the copy of the claim before mailing it to avoid delays in receiving the reimbursement.**

Special Note: An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, the claim preparer must include *all* of the sponsor's reporting data for the entire operation for that same period.

Claim Corrections

A claim that is resubmitted by a sponsor after CNFS returned it for corrections is called a *corrected claim*. A corrected claim is also a claim produced when CNFS advises the sponsor's representative by telephone that a claim must be corrected before it can be processed.

Corrected claims should not be confused with adjusted claims.

A claim will be returned for a correction if it is not properly completed. A claim will be returned for a correction if it contains the following errors:

- Sites reported exceed approved sites.
- Data are missing.
- Average daily participation exceeds enrollment.
- Summations do not equal total.

A correction letter will be sent along with the returned claim outlining the errors and instructions for resubmitting the claim.

When correcting a claim to be resubmitted to CNFS, a sponsor's claim preparer should take the following steps.

1. Write "correction" on the top of the claim.
2. Fill out the claim completely. No data may be missing.
3. Provide an original signature and date on the claim.

Note: Corrections to a claim cannot be made by CNFS staff by way of a telephone conversation. All claim corrections must be made by submitting an original signed corrected claim.

If a correction to a sponsor's claim is required, payment will be delayed by at least three weeks. If a valid correction is not received from the sponsor by the requested date, the claim will not be paid.

Summer Food Service Program Potential Monthly Reimbursement Calculation Worksheet

Reimbursement rates change annually. Please consult the USDA Web site at <http://www.fns.usda.gov/cnd> for the current reimbursement rates.

Sponsor: _____

Month: _____ Year _____

1. Maximum potential operating reimbursement based on meals times rates	a. Year-to-date* breakfasts b. Year-to-date lunches c. Year-to-date suppers d. Year-to-date snacks e. TOTAL (lines 1a+1b+1c+1d)	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;">No. Meals</th><th style="text-align: left; width: 15%;">Rates</th><th style="width: 10%;"></th></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td></td><td>= \$ _____</td><td></td></tr> </table>	No. Meals	Rates		_____ x _____	= \$ _____		_____ x _____	= \$ _____		_____ x _____	= \$ _____		_____ x _____	= \$ _____			= \$ _____	
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2. Actual operating costs	a. Year-to-date food costs b. Year-to-date labor costs c. Year-to-date other costs d. TOTAL (lines 2a+2b+2c) (Vended sponsors use meals times rates. Self-prep sponsors use actual costs.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>_____ x _____</td><td>= \$ _____</td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td></tr> <tr> <td></td><td>= \$ _____</td></tr> </table>	_____ x _____	= \$ _____	_____ x _____	= \$ _____	_____ x _____	= \$ _____		= \$ _____										
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_____ x _____	= \$ _____																			
	= \$ _____																			
3. Potential operating cost reimbursement	The lesser of lines 1e or 2d	\$ _____																		
4. Maximum potential administrative reimbursement based on meals times rates	a. Year-to-date breakfasts b. Year-to-date lunches c. Year-to-date suppers d. Year-to-date snacks e. TOTAL (lines 4a+4b+4c+4d)	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;">No. Meals</th><th style="text-align: left; width: 15%;">Rates</th><th style="width: 10%;"></th></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td>_____ x _____</td><td>= \$ _____</td><td></td></tr> <tr> <td></td><td>= \$ _____</td><td></td></tr> </table>	No. Meals	Rates		_____ x _____	= \$ _____		_____ x _____	= \$ _____		_____ x _____	= \$ _____		_____ x _____	= \$ _____			= \$ _____	
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	= \$ _____																			
5. Actual administrative costs	Year-to-date actual administrative costs	\$ _____																		
6. Administrative costs determined by budget	Administrative budget including any amendments approved by state agency	\$ _____																		

* Year-to-date: The number of meals or amount of costs calculated from the start of the program to the last day of the month for which computation is being done.

7. Potential administrative reimbursement	The lesser of lines 4e, 5, or 6	_____ \$
8. Total potential food service reimbursement	Lines 3 + 7	_____ \$
9. Total net food service cost	a. Total actual operating cost (line 2d) b. Total actual administrative cost (line 5) c. Total actual program cost (lines 9a + 9b) d. Funds accruing to food program (year-to-date) e. Net food service program cost (lines 9c – 9d)	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$
10. Potential year-to-date reimbursement	The lesser of lines 8 or 9e	_____ \$
11. Previous year-to-date payments	a. All year-to-date advance payments b. All start-up payments c. All year-to-date reimbursement payments d. Total previous year-to-date payments	_____ \$ _____ \$ _____ \$ _____ \$
12. Potential amount of reimbursement to expect for the month	a. Line 10 b. Line 11d Amount of payment to expect for month (lines 12a – 12b)	_____ \$ _____ \$ _____ \$

Reimbursement Claim Checklist

This checklist was prepared for and is directed to sponsors' claim preparers to help them complete claims for reimbursement.

Please refer to the following checklist prior to submitting the sponsor's claim for reimbursement. **An error or omission in any of the following items will cause a delay in the sponsor's reimbursement.**

Reporting

- ☐ Item 1. Is a label affixed to the claim form? If no label is available, did you type or print the sponsor's agreement and vendor number along with the name and address of the agency in the space provided in Item 1?
- ☐ Item 2. If this is an adjusted claim, was an "X" marked in Item 2? If not, leave this item blank.
- ☐ Item 3. Is the month reported in Item 3 the claim month, **not** the month the claim was prepared?

Note: Remember if this claim spans two consecutive months, one of those months may not include more than 10 days of operation. Enter the month with the largest number of days in Item 3. **Do not report data that spans across three calendar months.**

4 & 5. For State Use Only.

- ☐ Item 6. Enter the beginning and ending dates covered by this claim. See the above note regarding the number of days eligible to report.
- ☐ Items 7 & 8. Did you report the number of approved sites operating for item 7, and the number of days that food service was provided for item 8? Item 8 must relate to item 6. The claim cannot be processed without this information. **Sponsors are to claim meals served only at approved sites.**
- ☐ Item 9. Was the average daily number of eligible children served calculated on the basis of the largest first meal service (breakfasts, lunches or suppers)? If the calculations end in a remainder greater than zero, always round up to the next whole number. Example equation: 972 (first lunches) divided by the number of days (22), equals 44.18, rounded up and reported as 45.
- Items 10. through 13.
 - ☐ Was the number of first meals served by meal type reported on the associated first meals line?
 - ☐ Was the number of second meals served by meal type reported on the associated second meals line? Second meals served **cannot exceed two percent** of the first meals served of each meal type.

- ☐ Was each meal type totaled to reflect the correct “total meals served” in each meal category?
- ☐ Item 14. Were any funds, received or accrued, reported for food service from adult meals, individual donations, or grants? These may include any State and local contributions and reimbursement from **other federal programs**. Please claim income in appropriate category. Do not claim cash advance or summer food program reimbursements.

Items 15, 16, 17, and 19.

- ☐ Enter the total gross **food costs, food labor, other, and administrative costs and labor** incurred during this claim period. *Round off to the nearest whole dollar and do not report cents.* Refer to the current Sponsor’s Handbook for detailed instructions of allowable costs. Food costs (item 15) must be reported to process your claim.
- ☐ Item 18. Enter the **Subtotal** of food costs, food labor, and other costs (items 15, 16, & 17 only).
- ☐ Item 20. Enter the gross **Total program costs** (item 18 plus item 19 only).

Certification

- ☐ Is there an *original* signature of an authorized official on **both** the original and a copy of the claim? **Carbon, stamped, or photocopied signatures will not be accepted.**
- ☐ Was the telephone number of the claim preparer listed on the claim? If more than one telephone number is available, list both.

Audit Checks

- ☐ Is the average daily number of eligible children (item 9) less than or equal to your total capacity? Under no circumstances should it be greater.
- ☐ Are all reported second meals served 2 percent or less of the first meals served?
- ☐ Do total meals equal first meals plus second meals for breakfasts, lunches, suppers, and supplements served?
- ☐ Does Item 18 correctly reflect the sum of food costs, food labor, and other costs?

- ☐ Does Item 20 correctly reflect the sum of item 18 (subtotal) and item 19, (administrative costs and labor)?

General

- ☐ Is the claim legibly hand printed or typed?
- ☐ Did the claim preparer make **an original and one copy** of the sponsor's claim to submit, **both with original signatures**?

Appendixes

**California Department of Education
Child Nutrition Fiscal Services
1430 N Street, Suite 2213
Sacramento, Ca 95814**

1. Affix mailing label in space provided below. If label is not available fill in all information in its entirety.		1430 N Street, Suite 2213 Sacramento, Ca 95814	
<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; margin: 2px;"></div>
Agreement Number		Vendor Number	
Name		2. Place "X" in the box if this is an adjusted claim <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	
Address		3. Month covered by this report <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>	
City		4. Adjustment Number	
State		5. Reason Code	
Zip		6. Period covered by this claim may include no more than 10 operating days of the month preceding the claim month or no more than 10 operating days of the month following the month claimed. From: <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> To: <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
7. Number of approved sites operating this month <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>		7a. Of the approved sites reported in box # 7, how many were CCNSP sites? <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	
8. Total number of days this claim period food service was provided <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>		9. Average Daily Participation of eligible children <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	

FOOD SERVICE TO CHILDREN (See claim instructions for details.) (Report only meals meeting the requirements in the agreement.)				PROGRAM COST DURING CLAIM PERIOD (Include all costs incurred whether or not payment was actually made)	
	First Meals	Second Meals	Total Meals		
				15. Food Costs	.00
10. Breakfast Served				16. Food Labor (see back)	.00
11. Lunch Served				17. Other	.00
12. Suppers Served				18. SUBTOTAL	.00
13. Snacks Served				19. Administrative Costs and Labor	.00
13.a CCNSP Snacks Served	Of the First Snacks reported on Line 13, how many were CCNSP?	Of the Second Snacks reported on Line 13, how many were CCNSP?		20. TOTAL PROGRAM COSTS	.00
14. FUNDS ACCRUED DURING THE MONTH (See claim instructions for details)				FOR STATE USE ONLY	
A. Operational Program Income (Adult Payment)		C. Administrative Income (Donations & Grants)			
B. Operational Income (Donations & Grants)		D. Unspecified Income			

I certify that to the best of my knowledge and belief this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing agreement(s), and that I have not received payment for this claim. I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein. I also understand that this information is being given in connection with receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I further certify that all claims for reimbursement shall be submitted to the California Department of Education no later than the deadline of 50 days after the claim month (item 3). I understand that failure to submit claims within the said deadline may result in such claims not being paid.

Print name of claim preparer	Telephone number of claim preparer	Date
Signature of authorized official	Print name of authorized official	Title of authorized official

DEPARTMENT OF EDUCATION USE ONLY:							
	<u>PROJECT#</u>	<u>PCA</u>			<u>PROJECT#</u>	<u>PCA</u>	
Operations	060	13004-0	\$ _____	Administration	061	13006-0	\$ _____
Recoup OP	060	13004-0	\$ _____	Recoup ADM	061	13006-0	\$ _____
C/A Pay/Recoup	060	13004-1	\$ _____	C/A Pay/Recoup	061	13006-1	\$ _____
Operations Net Payment			\$ _____	Administration Net Payment			\$ _____

APPROVAL	DATE	\$ PAYMENT
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Appendix A-2: Claim Submission Deadlines

October 2003 through September 2004

<u>Claim Month</u> (Item 2)	<u>Submission Deadline</u> (Postal cancellation stamp)
October 2003	Monday, Dec. 22, 2003
November 2003	Tuesday, Jan. 20, 2004
December 2003	Friday, Feb. 20, 2004
January 2004	Monday, March 22, 2004
February 2004	Tuesday, April 20, 2004
March 2004	Thursday, May 20, 2004
April 2004	Monday, June 21, 2004
May 2004	Tuesday, July 20, 2004
June 2004	Friday, Aug. 20, 2004
July 2004	Monday, Sep. 20, 2004
August 2004	Wednesday, Oct. 20, 2004
September 2004	Monday, Nov. 22, 2004

Appendix A-3: Corrective Action Plan

This form must be submitted by claim preparers who are requesting a payment for school nutrition sponsors who have submitted a late claim under the one-time-exception category.

Please type or print information or affix label:

Agreement Number:	Sponsor Name and Address:
-------------------	---------------------------

Month/Year of Late Claim: _____ / _____

**1. Explain in detail the problem(s), which contributed to the claim being late.
(Use additional page if needed.)**

**2. Detail the actions you are taking to avoid a late claim in the future.
(Use additional page if needed.)**

Sponsor Certification: By signing this form below, we understand that this one-time request will be granted only if this Corrective Action Plan is approved by Nutrition Services Division and that only one late claim can be granted under this one-time category every three years.

Claim Preparer

Authorized Official

Signature:	Signature:
Print Name:	Print Name:
Date:	Date:
Telephone:	Telephone: